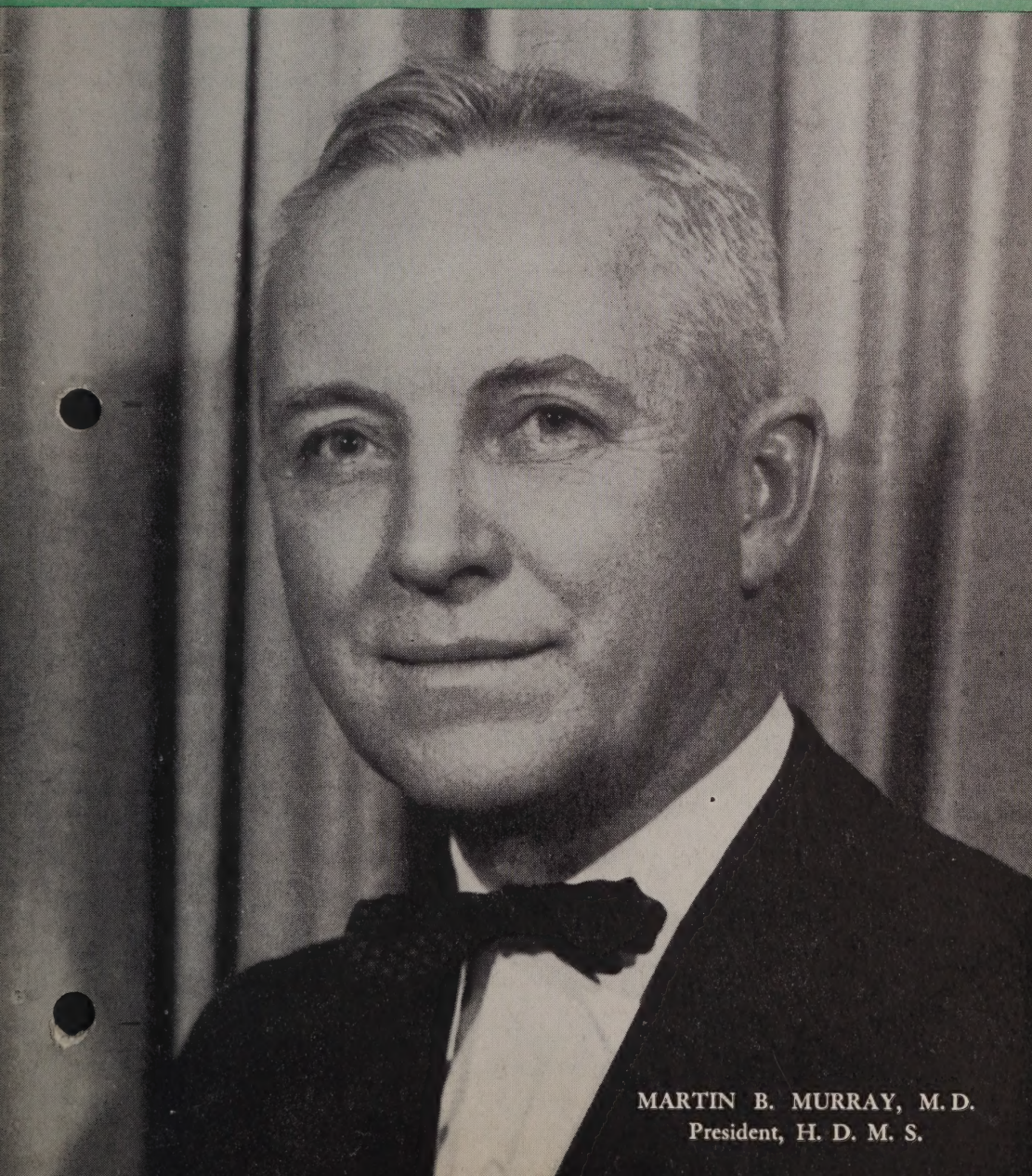
The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

VOLUME XIX MAY, 1963 NO. 5



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President, H. D. M. S.

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1414 STATE STREET — SPRINGFIELD, MASS.

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The Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult."
Hippocrates

Founded in 1942 by Drs. Edward P. Bagg and William A. R. Chapin, and published monthly except July and August.

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THE HAMPDEN HIPPOCRAT, MAY, 1963

EDITORIALS

HAMPDEN LEADERSHIP

Hampden District continues to exercise rare judgment in the choice of its leadership. For many years now our officers and committees have been of exceptional caliber, and the year just past is certainly no exception. Ralph Miller's administration, unquestionably, will take its rightful place among the finest in the illustrious history of our Society.

The coming year or two are equally promising. Both Tim Murray and Ted Miner are endowed with all the prerequisites for effective leadership—ability, dedication, and industry. As secretary and treasurer they will have at their side veterans Ray Smith and Linc Wales, who can always be counted on to do a first rate job. Since good committee work has become almost a habit in our midst, this, too, is practically a foregone conclusion for the coming year. All that remains now is for the rest of us to offer our unequivocal support and cooperation. In so doing we will be contributing our own share toward the making of yet another banner year for Hampden District.

M.M.

"UNIVERSITY WITHOUT WALLS"

A current A. M. A. project worthy of much wider publicity than it has hitherto received, concerns itself with continuing medical education, occasionally referred to also as "lifetime learning for physicians". A progress report on this undertaking by the Council on Medical Education and Hospitals was published in the October 27, 1962 issue of the J. A. M. A. To comprehend more fully the motivations and implications of this report, a consideration of at least some of its background seems desirable.

For a long time it has been recognized that the only way the physician can hope to maintain his full professional competence is to be a lifetime student. We have always been expected to read journals, to participate in hospital educational programs, and to attend medical meetings and conventions. However, because of present-day rapid, snowballing advances in medical knowledge, these measures alone are not deemed sufficient. What is needed in addition is a well organized, authoritative program, preferably under university supervision. What is needed also is much greater effort on the part of each and every physician. The situation was best summed up in the Report of the President's Conference on Heart Disease and Cancer, ". . . the medical education and training can be obsolete in 5 years unless the physician makes a very determined effort to continue his education . . ."

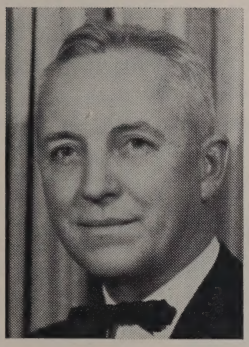
Mindful of the situation, the A. M. A., together with seven other major medical organizations, established a committee to explore more thoroughly the field of postgraduate medical education. This committee, known as the Joint Study Committee, presented in March, 1962 a comprehensive report in the form of a document entitled "Lifetime Learning for Physicians". In it the committee recommends the creation of a "University Without Walls", to provide core curricula, research on education, and numerous courses easily "available at a time, place, and pace convenient to each physician". Patricipation (including examination) would be entirely voluntary on the part of the physician, and there would be no effort at accreditation, certification or licensure.

The project ultimately reached the A. M. A.'s Council on Medical Education and Hospitals whose report is alluded to in paragraph one. In that report the Council describes the establishment of a pilot study covering the 5-state area of Illinois, Indiana, Michigan, Minnesota and Wisconsin. Upon the completion of this pilot study, the exploratory phase will be extended to the West Coast, to the New York area, and finally, by 1964, to the entire nation.

The prospects, therefore, are that in about a year's time continuing medical education will become available to every physician in the U. S. A. But

(Continued on Page 14)

President's Page



INAUGURAL REMARKS

To begin with I would like to express my deep appreciation for the great honor and privilege of serving you as president during the coming year.

Our Society, guided in the past year by the able and persistent efforts of Dr. Ralph Miller, has fulfilled its mission faithfully as a component of our parent organization, the M. M. S. This it has accomplished despite formidable odds. Much, however, needs to be done.

Let us not forget individually and collectively that we are striving constantly for a common good. Our aim — to maintain and to provide the best medical care for all. We are not to be deterred in this resolution by the vagaries of a politically expedient philosophy however bright the passing lights of the ship "Fedicare" may be. Thus, in our own way we shall maintain and preserve the ideals of medicine as we know them.

Trusting in the innate intelligence of our fellows, we pledge in the coming year to present all the facts of the situation wherever and whenever we can — believing as we do that in knowledge there is strength and in truth there is justice.

A list of all the committees appointed by the incoming president, appears elsewhere in this issue. I urge all chairmen to call meetings of their respective committees shortly after May 23, when the new administration takes over. If we wait until fall much valuable time may be wasted. As a member ex-officio of practically all the committees I'll make it my business to attend as many meetings as I possibly can.

Martin B. Murray, M.D.

ANNUAL MEETING (APR. 23) HIGHLIGHTS

Place: Shaker Farms Country Club, Westfield . . . Dinner: Roast beef . . . Attendance 176; Reservations 222 . . .

President Miller calls meeting at 8:40 P.M. . . . He calls for a moment of silence in tribute to members who died since the last annual meeting: Drs. Mustard, Tober, Ives, Jonas, Dillenback, Beaupre, Pfeifer, Spaid, and Mrs. R. Cheney. . . .

A resounding round of applause is given in honor of 50 years Fellowship in M. M. S. of Drs. Bagg and Bigelow. . . .

All informational committee reports as published in the April Hippocrat, are approved . . . Treasurer's report with recommendation that dues be continued at $35., is approved . . . The following recommendations of the Rehabilitation Committee are approved: That the H. D. M. S.

(1) publicize its information service concerning approved available health agencies.

(2) Reaffirm the need of a comprehensive rehabilitation center as described in the Rusk survey and encourage and assist an interested group approved by the H. D. M. S. in obtaining grants for this purpose.

(3) Inform the National Commission on Community Health Services, 20-City-Survey, of our desire to have Springfield chosen as one of the cities to be surveyed and that the H. D. M. S. will cooperate in any way possible.

Report of Legislative Committee with recommendations that:

(1) A legislation night be held by the H. D. M. S.

(2) Mr. Charles Dunn and Mr. Everett Spencer be invited to attend one of our meetings to discuss activities of the Massachusetts Medical Society and to be available for questions from the H. D. M. S. members.

Recommendations of the new National Legislative Committee, are approved. (See page 27).

Report of Nominating Committee is unanimously approved. (See page 14).

President Murray takes over . . . He expresses appreciation for the honor of serving and pledges his best for the coming year . . . He presents his committees (See page 8) . . . Attention is called to dinner-meeting with Dr. Annis (See page 11) . . . Meeting adjourns at 9:30 P.M. . . .

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R. B., a 36-year-old writer, was first seen on November 5, 1962, with severe inflammatory tinea pedis involving the sole of the right foot. There was an 8-centimeter area of erythema, with vesicles, bullae and scales on the plantar surface of the foot. The lesion had been present for two weeks. Microscopic examination of scrapings showed hyphae, and cultures grew out *T. mentagrophytes.*

The patient was started on 0.5 gm. FULVICIN-U/F (griseofulvin, *ultra-fine*) daily. Three weeks later there was distinct improvement with only mild erythema and scaling present. After one additional week, therapy was discontinued and a second culture was negative. The patient was last seen on December 24, approximately three weeks after termination of therapy. At this time the skin was entirely normal in appearance.

1 Plantar tinea pedis before therapy.

2 After two weeks of therapy.

3 Six weeks later, skin essentially normal (two weeks after termination of therapy).

Clinical considerations: Although clinical studies with griseofulvin have not revealed evidence of serious toxicity, ***side effects*** — as with any potent drug or antibiotic — may occur in some patients. An occasional minor decrease in leukocyte count has been observed, which was reversible when medication was discontinued. Occasionally, there may be heartburn, nausea, epigastric discomfort, diarrhea, lethargy, fatigue, psychomotor incoordination and, during the first week of therapy, headache. Studies are in progress to determine the safety of this drug during pregnancy; until the results of these studies are available, griseofulvin is contraindicated during pregnancy. ***Caution*** should be observed in patients with known penicillin-sensitivity. Should urticaria or drug rash develop, the drug should be withdrawn. ***Available*** in 125 mg., 250 mg. and 500 mg. scored tablets, bottles of 60 and 250.

For complete details, consult Schering literature available from your Schering Representative or Medical Services Department, Schering Corporation, Union, New Jersey.

CASE HISTORY AND PHOTOGRAPHS COURTESY OF LEO R. LESE, M.D., NEW YORK, N. Y.

5-182

ATTEND

the

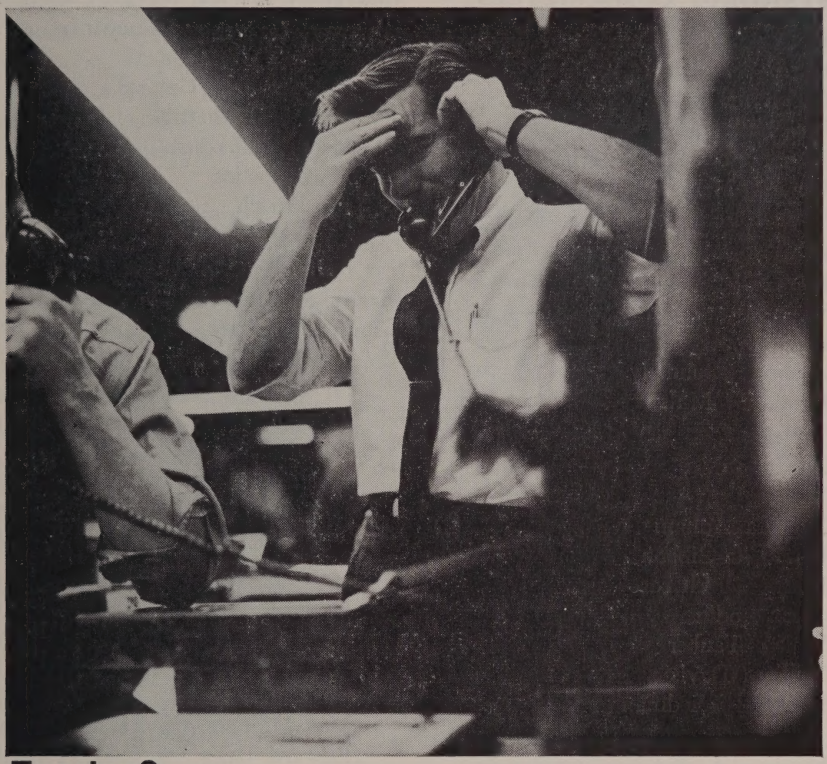
182nd ANNUAL MEETING

MASS. MEDICAL SOCIETY

TIME:	Tues. Wed., Thurs. May 21, 22, and 23
PLACE:	Statler Hilton Hotel Boston
AGENDA:	Annual Meeting Lectures and Panels Section Luncheons Scientific Exhibits Technical Exhibits Golf Tournament Annual Discourse Shattuck Lecture
ANNUAL DINNER:	Wed., May 22, 7 p.m.

ATTENTION COUNCILORS!

The Annual Meeting of the Council will be held on Monday, May 20. However, instead of meeting in the afternoon and evening, the Council will convene at 10:30 A.M.



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Cautions: Severe mental depression has appeared in a small percentage of patients, primarily in a dosage above 1 mg. daily. Usually the patient had a pre-existing, incipient, endogenous depression which was unmasked or accentuated by reserpine. When the drug is discontinued, depression usually disappears, but hospitalization and shock therapy are sometimes required. Daily dosage above 0.25 mg. is contraindicated in patients with a history of mental depression or peptic ulcer. Withdraw Serpasil (reserpine) 2 weeks before surgery, if possible. For emergency surgical procedures, vagal blocking agents should be given parenterally to prevent or reverse hypotension and/or bradycardia.

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1963-1964

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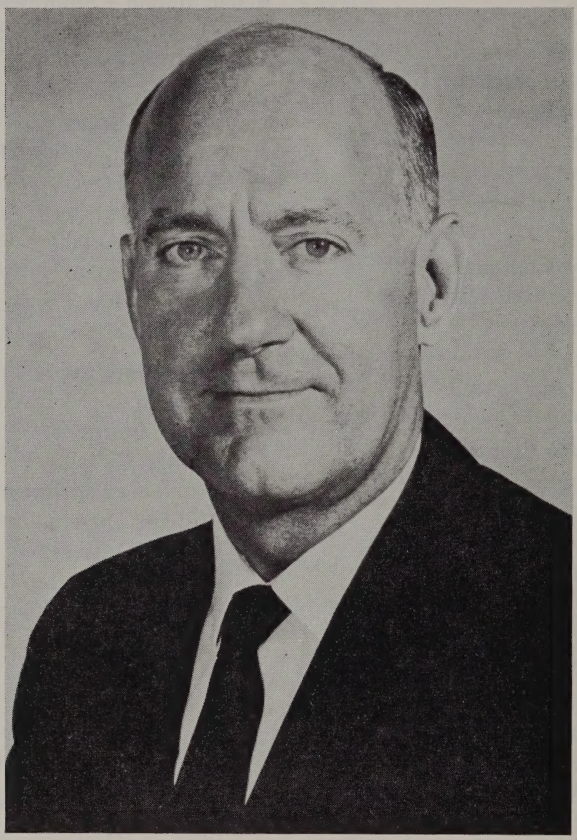
WELCOME, DR. ANNIS



EDWARD R. ANNIS, M. D., Miami, Fla., was named President-Elect of the American Medical Association at its Annual Meeting in June, 1962. He will succeed to the presidency of the 197,000-member association in June, 1963, in Atlantic City.

Dr. Annis, who is a surgeon, served as chairman of the A. M. A.'s National Speakers Bureau for a year prior to his election. He has won prominence as a speaker and debater, appearing on nationally televised programs such as "Your Doctor Reports," the A. M. A.'s nationally televised program on May 21, 1962.

He was born in Detroit on March 27, 1913. Doctor Annis was graduated from the University of Detroit with a B.S. degree in 1933. Five years later he earned his M.D. degree from Marquette University School of Medicine and began his medical practice in Tallahassee, Fla. In 1948 he moved to Miami where for 10 years he was chief of the Department of General Surgery at Mercy Hospital.

For several years he has served as a director of the Family Service and Senior Citizens division of the welfare planning council of Miami. He has been chairman of the Florida State Medical Association's Legislative committee and an active member of the

Kiwanis and the Dade County Chamber of Commerce, serving on the latter's political action committee.

In 1958 Doctor Annis was awarded the Brotherhood medal of the National Conference of Christians and Jews. In 1961 the Florida State Medical Association gave him the first annual J. H. Robbins Co. award for "Outstanding Community Service by a Physician".

Doctor Annis is married to the former Betty McCue Stark. They have eight children, four boys and four girls.

Chairman of the dinner-meeting at which Dr. Annis is to be guest speaker, is Mr. Howard Caldwell, President, Western Mass. Electric Co. Vice Chairman is Dr. Martin Murray, President-elect, H. D. M. S.

Six of our members who have been assigned to work with the committee of arrangements: Drs. Miller, Murray, Bandeian, Mills, Palermo, and Williams.

The several physicians from Hampden who travelled recently to Worcester to hear Dr. Annis speak, are still raving about his charming personality and, most of all, about his forceful and effective delivery.

An effort will be made to present Dr. Annis to the people of this area via radio and T-V during his brief stay in Springfield.

And here's our chance to meet, to welcome, and to hear

DR. ANNIS (in Person)

TIME:	Wednesday, June 12, 1963 — 6:30 P.M.
PLACE:	Schine Inn, Chicopee
TOPIC:	"The Importance of The Individual in The Life of Our Community"
SPONSORS:	Joint Civic Agencies and H. D. M. S.
ADMISSION:	$8.00 per person (covers dinner plus open bar)
RESERVATIONS:	Call 734-5671, or write to J. C. A. 134 Chestnut St., Springfield.

Attend and Bring A Friend!

MEDICAL READER

V-A: ANALYSIS

Congratulations to Richard Dillon, M.D., chief resident at the Bryn Mawr Hospital down in Pennsylvania. Under the timely title "Government Medicine in Action" in the March, 1963 Reader's Digest* he has had the courage to recommend ways of improving the care for which every taxpayer pays $28.02 per day per patient to provide in U.S. Veterans Hospitals.

It takes courage, of course, his writing is necessarily very critical of the appalling waste and inefficiency he encountered in such hospitals.

But the truth will out! It is most encouraging to read such a critical article in the lay press at all; and the Reader's Digest summary was of an article which first appeared in the Atlantic Monthly.

Dr. Dillon does not spare the punches. He reports on 100 consecutive patients treated personally by him.

But first we are reminded of the giant size of the V.A. system (169 hospitals). Despite the cost of over 1 *billion* dollars to run its Medicine and Surgery Departments in 1961, the V.A. system of government medicine was available to only 22 million out of our 170 odd million people. If those treated were genuinely eligible through war injury or indigence, the public would not mind. But what a mammoth, grotesque injustice it is for the 150 odd million ineligible taxpayers to be forced by heavy taxation to pay for protracted hospital care for those lucky (?) few eligibles with "fatigue", "acute obesity", "phlegm in the throat", and "leg muscle strain" from poor golf shoes!

Dr. Dillon's criticism is not of the caliber of medical care, but of its inefficiency and waste. Only 10 of his 100 patients were admitted because of service-connected illnesses. But whatever their illness, all patients were hospitalized too long. In 1961 the average medical or surgical stay in the nation's V.A. hospitals was 33.3 days as against a Blue Cross figure of 10.8 days in community hospitals. Twenty nine of Dr. Dillon's own 100 patients did not require hospitalization at all. He reports that the outrageous practice of keeping beds full in order to maintain the hospital's budget appropriation was firmly enforced.

The fallacious thinking that pervades the whole V.A. system is the idea that the people receiving the services do not pay for them. Yet U.S. taxpayers lay out $933.07 for the average V.A. hospitalization. In a private institution, with higher daily rate and shorter average stay, those same taxpayers would have paid out $400 — less than half the cost to our nation's people.

A wide public understanding of these matters will improve V.A. care. Dr. Dillon offers several simple and effective ways for it to be carried out — as soon as the time can be ripened.

---

* Abstracted from article in Atlantic, Nov., 1962.

Williams

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COMING EVENTS

HAMPDEN DISTRICT EXECUTIVE COMMITTEE MEETINGS, MAY 15 and JUNE 11, 1963

COUNCIL MEETING, MAY 20, 10:30 A. M., BOSTON

M. M. S. ANNUAL MEETING, BOSTON, MAY 21, 22 and 23, 1963

INDOCTRINATION DINNER MEETING, MAY 28, 1963

A. M. A. ANNUAL MEETING, ATLANTIC CITY, JUNE 16 - 20, 1963

AMERICAN COLLEGE OF CHEST PHYSICIANS, ATLANTIC CITY, JUNE 13 - 17, 1963

AMERICAN DIABETES ASSOCIATION, ATLANTIC CITY, JUNE 15 - 16, 1963

DR. ANNIS, DINNER MEETING, JUNE 12 (See Page 11).

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(Continued from Page 2)

does every physician *want* such education? Supposing only 25% of the M. D.'s choose to participate in the program, does this mean that 75% of the patients are to be denied all the benefits that modern medicine has to offer? Is it possible that some degree of scholastic compulsion may have to be imposed on our profession? Might a time come when we shall all be expected to submit to tests and examinations at stated intervals?

Questions of this type have been raised in recent months, but the answers, a least as of now, are not available. Unquestionably much depends on the outcome of the current pilot studies. Much depends also on how well our District Societies respond to the suggestions of the A. M. A. and its Council on Medical Education and Hospitals. And finally much depends on what we do as individuals. While the new plans are being implemented, it would seem unwise to discard the numerous existing postgraduate courses as, for instance, those listed annually in the J. A. M. A. (Aug. 14, 1962). Nor should we disregard, even momentarily, the old standbys of journals, meetings, clinics and conventions.

M.M.

AVOID CONFLICTING MEETINGS

(FINAL REMINDER)

The Annual Meeting of the Massachusetts Medical Society will be held in Boston on May 21, 22 and 23. To encourage attendance, members of our District Society are urged to cancel hospital conferences, and avoid scheduling all other meetings during the three-day period of the State Meeting.

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1) Do take the role of medical witness seriously.

2. Don't agree to accept compensation for services contingent upon the outcome of litigation. This practice is unethical.

3) Do prepare for your testimony in consultation with the attorney who called you as a witness. Don't be embarrassed if asked about such a consultation.

4) Don't act as an advocate. Disclosure of partisanship of a witness tends to discredit his testimony.

5) Do inform the attorney who called you as a witness of all information uncovered by your examination; both favorable and unfavorable.

6) Don't exaggerate. Don't attempt to puff up your qualifications or to elaborate on the extent of the examination.

7) Do be frank about financial arrangements with respect to compensation for both treatment and services in connection with the litigation.

8) Don't try to bluff. If you guess wrong, you may fall into a trap

9) Do answer all questions honestly and frankly. Any display of reluctance to answer will tend to discredit your testimony.

10) Don't regard it as an admission of ignorance to indicate that your opinion is not absolutely conclusive or you don't know the answer to a particular question.

11) Do be willing to disagree with so-called authorities if you are convinced they are wrong.

12) Don't use technical terminology. If technical terms are unavoidable, explain them the best you can in the language of a layman.

13) Do be courteous, no matter what the provocation.

14) Don't be smug. A jury is quite likely to react adversely to an attitude of this nature.

15) Do pause briefly before answering a question asked on cross-examination to give the other attorney an opportunity to object to the question if he so desires.

16) Don't lose your temper.

17) Don't allow yourself to be forced into a flat "yes" or "no" answer if a qualified answer is required.

From A. M. A.'s recent Medico-Legal Conference.

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REPORT OF NOMINATING COMMITTEE
April 23, 1963

Your Nominating Committee presents the following slate of officers for the year 1963 - 1964:

President: Martin B. Murray
Vice-President & President-Elect: Theodore R. Miner
Secretary: Ray T. Smith
Treasurer: B. Lincoln Wales, Jr.
Commissioner of Trials: A. A. Palermo
Supervisory Censor: Samuel B. Potsubay
(Term expires 1967)

Censors:

Harold J. Holleran
Oliver J. Menard
Ralph T. Miller
Joseph Pendola

Councilors:

Malcolm B. Allan
Joseph M. Baker
Wayne C. Barnes
Robert W. Emery
Edwin J. Gillis
Donald R. Hayes
Myles G. Illingworth
Howard P. Kennedy
Harry N. Memery
Max Millman
Theodore R. Miner
Robert D. O'Malley
Alfonso A. Palermo
Norman A. Pokorny
Lawrence A. Putnam
Thomas F. Reilly
Joseph Rini
Ralph T. Miller
Samuel B. Potsubay
H. Bernard Tillman

Public Relations Councilor: Harry N. Memery

Legislative Councilor: Robert W. Emery

Nominating Councilor: Thomas F. Reilly

Alternate: Joseph Rini

Representatives to State Committee on Tax Supported Medical Care:
Harry J. Roberts

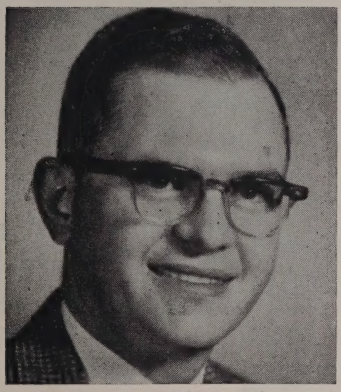
Executive and Grievance Committee Terms to expire 1966
Warren D. Platt (for 3 years) David W. Williams (for 3 years)

Respectfully submitted,
Oliver J. Menard, *Chairman*

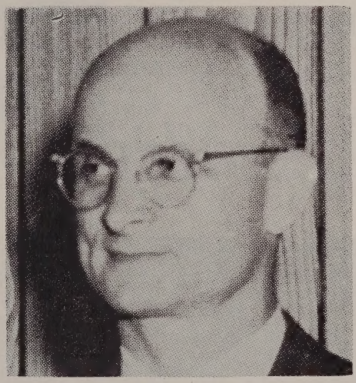
Councilors Ex-Officio

President and Secretary of H. D. M. S.
Past Presidents of M. M. S.:
Edward P. Bagg and George L. Schadt
Allen S. Johnson, President M. M. S.
(After M. M. S. Annual Meeting)

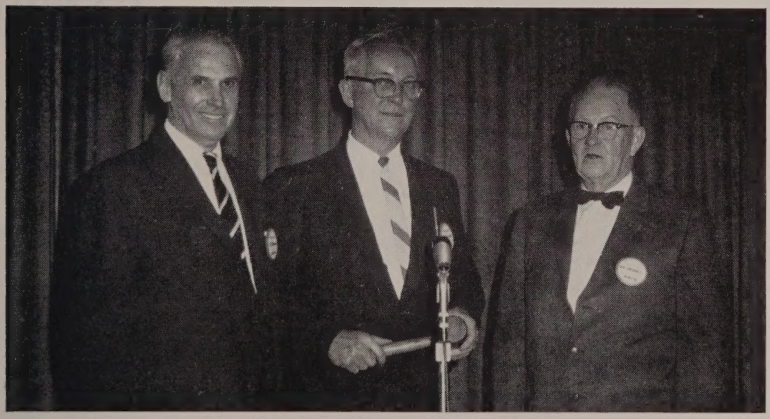
President Murray receiving gavel from retiring President Miller.



Dr. Ray T. Smith
Secretary



Dr. B. Lincoln Wales
Treasurer



President-Elect Dr. Miner, President Dr. Murray, and Retiring President Dr. Miller.

ANNUAL MEETING

SMILE, . . .

YOU'RE ON . . .

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AUXILIARY DOINGS

At the Annual Meeting of the Woman's Auxiliary to the H. D. M. S. the following officers were elected for the year 1963-1964:

President - Mrs. Charles A. Diamond
Pres.-Elect - Mrs. Emanuel Wiedman
Recording Sec. - Mrs. L. E. Pfeifer
Corresponding Sec. - Mrs. Frederick Post
Treasurer - Mrs. Harry Anton
Scholarship Treasurer - Mrs. Raymond Conway

Seventeen doctors' wives have become Auxiliary members this year. They are the Mrs.: John Zadworny, William Tehan, Richard Lavin, Rocco Verrilli, Silvano Macchiaroli, Fred Silverman, Franco Navazio, Theodore Hoffman, Franco Dinale, James A. Smith, Eckart Sachsse, Joseph Greenspan, Jay Slosberg, J. Burns Amberson, Paul Moore, Roland Cartier and Jacob Shammash.

Mrs. Carlo Q. Montori, Correspondent to the Hippocrat

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THE PURPOSES AND FUNCTIONS OF THE A. M. A. COUNCIL ON MEDICAL SERVICE

In June, 1943 the House of Delegates of the A. M. A. established what was then called the "Council on Medical Service and Public Relation" to provide for better co-ordination of medical service activities within the A. M. A. and among the constituent medical associations; to place more stress on public relations especially in regard to legislation; and to provide for representation of the medical profession in the nation's capitol.

In 1946 this Council was changed and a separate department of public relations was created leaving the present Council to be known as a Council on Medical Service. To quote from the by-laws of the A. M. A. the functions of the Council on Medical Service are as follows:

"1. To make available facts, data and opinions with respect to timely and adequate rendition of medical care to the American people.

"2. To inform constituent associations and component societies of proposed changes affecting medical care in the nation.

"3. To inform constituent associations and component societies regarding the activities of the Council.

"4. To investigate matters pertaining to the economic and social aspects of medical care.

"5. To study and suggest means for the distribution of medical service to the public consistent with the principles adopted by the House of Delegates, and

"6. To develop and assist committees on medical service organizing from constituent associations and component societies of the American Medical Association."

The members of this Council are nine in number and are elected by the House of Delegates with staggered terms to provide continuity and, as such, is a standing committee of the House of Delegates subject to the administrative direction of the executive vice president.

After going through a number of changes, the Council on Medical Service now has six committees listed as follows: 1. Committee on Aging, 2. Committee on Federal Medical Services, 3. Committee on Indigent Care, 4. Committee on Insurance and Prepayment Plans, 5. Committee on Maternal and Child Care and 6. Committee on Medical Facilities. To list all the activities of these various committees of the Council would very nearly fill this issue of the Hippocrat. The titles of these committees rather obviously indicate the areas in which they are active. The committees maintain liaison with the various specialty societies, the federal offices and other organizations throughout the country to which their special interest would apply.

It is apparent from the titles of the several committees alone that the scope of the Council is quite broad and that the A. M. A. has a wide interest in many of the areas that concern all of us so much today.

Hayes

HAMPDEN CAPSULES

Dr. Ralph T. Miller attended the Mayor Ryan Testimonial Dinner, given at the Springfield Auditorium on Saturday, April 27, 1963.

Meetings at Headquarters

Public Health—Wednesday, April 24, 1963.

Mental Health—Wednesday, May 1, 1963.

Medico-Religious, Tuesday evening April 30, 1963, 8 P.M., with clergy representing the three major faiths.

Censor Meeting, Thursday, May 2, 1963.

Executive Committee changed to May 15, 1963 because of conflict with Mass. Medical Society Annual Meeting.

Executive Committee changed to June 11, 1963 because of conflict with A. M. A. Convention.

Emergency Medical Service meeting, Thursday, May 16, 1963.

DR. SMITH RESIGNS

Because he is leaving Springfield, Dr. Ray Smith recently resigned as Secretary of the H. D. M. S. As we go to press neither his resignation nor his replacement have been acted upon by the Executive Committee.

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SOCIALIZED MEDICINE IN ENGLAND

Below are two excerps from the writings of Dr. J. R. Seale, Senior Medical Registrar, St. Mary's Hospital, London. (*The Lancet, August* 26, 1961):

"The administrative and financial structure of the N.H.S. is unsound. . . . The service has undoubtedly (worked), and superficially it may be considered a success. However, there is increasing evidence that this has been achieved by living in the material, human, and moral capital built up by past generations. These capital reserves are being consumed without being fully replenished, and as they become exhausted the service will deteriorate. The coming shortage of doctors will strain the service considerably. The difficulty in staffing junior hospital posts is increasing, and nearly 40% are already filled by graduates from overseas. To keep the present establishment filled it will be necessary to rely on an expanding inflow of these doctors. Soon it will be difficult to replace all retiring consultants by adequately trained British specialists. In the past year a severe shortage of new entrants to general practice has developed. The total number of doctors in general practice decreased between 1958 and 1959, for the first time since 1948, and the decline will continue for many years. Already the vacancies for principals cannot all be filled and the fall in the proportion of the population living in "under-doctored" areas has been reversed. A falling number of doctors will impair their ability to provide the (middle class) standard of medical care that an increasingly prosperous population will expect. Consequently the demand for private medical care outside the service will rise. . . . But as the number of doctors in private practice increases, the shortage in the N.H.S. will be aggravated. Once under way, a swing from the N.H.S. to private medical care financed by insurance could develop a powerful momentum. If it does, there will be ever increasing pressure by those using the private medical services to decrease expenditure of tax funds on a State service which they do not use. This will tend to produce more economy cuts and larger direct charges to patients using the State service—which in turn will increase the economic demand for private medical care. With its present structure, the N.H.S. is unlikely to survive the coming difficulties as anything better than a second-rate service

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for the less prosperous."
(*British Medical Journal, December* 9, 1961).

"By 1958 the number of medical students was almost back to the pre-war level, although university students in all faculties had doubled. . . . If there has been no expansion in the number of British-trained doctors in the National Health Service since 1957 where have all our young doctors gone? The output of the medical schools during these years has exceeded the wastage of elderly doctors by 500 or so, yet there has been no expansion. This must be because so many of the men who have qualified since the end of the war have chosen to practise outside their native land, particularly in Canada., the U.S.A., and Australia. . . . Young British doctors will remain in the N.H.S. only if conditions of service are reasonably attractive. By their actions, rather than by their words, they have shown that they are unattractive. Up till the present the Government, and many leaders of the medical profession, have failed to see that this is so. But as the failure in the supply of doctors sweeps through the National Health Service and the medical profession like a hurricane, even the sand in which our leaders have buried their heads is being blown away."

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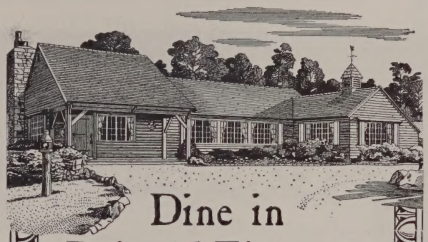
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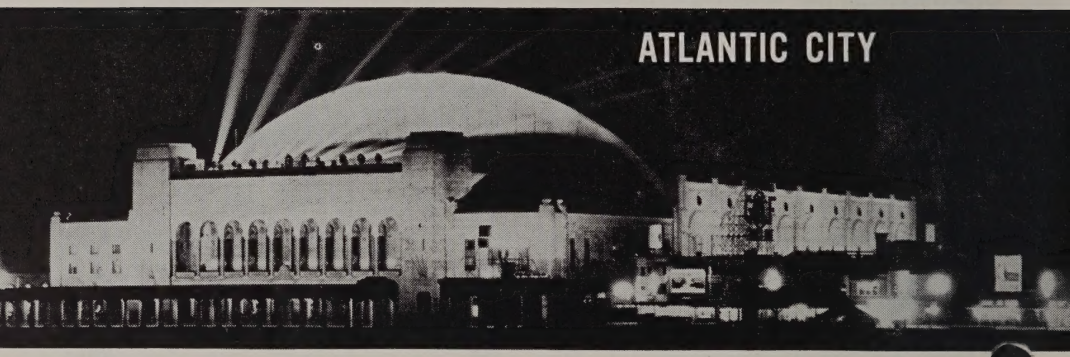

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112TH ANNUAL MEETING
JUNE 16 - 20

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IN MEMORIAM

HAROLD F. OWENS, M. D.

1893 - 1963

Dr. Harold F. Owens of Springfield died at the Mercy Hospital on May 3, 1963.

Born in Bridgeport, Conn. on Nov. 27, 1893, he obtained his M. D. degree from the Medical College of McGill University, Montreal, Canada, in 1916. He came to Springfield in 1920, after having interned at the Royal Victoria Hospital, Montreal, and the Roosevelt Hospital, New York City. Shortly thereafter, he did post-graduate work at the Herman Knapp Eye Hospital and the New York Post Graduate Hospital, thereby specializing in E.E.N.T.

Dr. Owens was on the medical staffs of the Mercy and the Wesson Memorial Hospitals, Springfield. He was a member of the American Medical Association, the Mass. Medical Society, and the Hampden District Medical Society. He also served in the U. S. Army Medical Corps during World War I.

Deepest sympathy is hereby extended to the surviving members of his family and to his many friends and associates.

ETHICS A LA 1853

Dr. L. Mortamore would say to those who have contracted diseases "Cura ut voleas", that is, "take care of your health". I have devoted many years to my profession, and have treated successfully thousands of patients. Those who wish to consult me on those complaints, can do so free of charge, from 8 a.m. to 9 p.m., Sundays excepted. If you value your health, you will avoid those knaves who unblushingly tell you "that they only can cure you" and that their one kind of medicine is all that is necessary for disease in all its forms. Persons whose health has been ruined by these egotists call upon me daily. L. Mortamore, M.D., 196 William St.

Advertisement in the New York Sun, March 9, 1853

PREPARE!

"In view of the anticipated disparity between the number of casualties and the number of physicians that will be available, as well as the number of injuries amenable to competently administered self-aid and first-aid treatment, subsequent to a mass attack on the United States, it is imperative that:

"All physicians regardless of their specialty qualifications, and osteopaths, receive training and become proficient in the practice of disaster medicine."

* Abstracted from article in Atlantic, Nov., 1962.

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MISUSE OF GAMMA GLOBULIN IN MEASLES VACCINATION

With the release of measles vaccine, many physicians may wish to administer Measles Immune Globulin simultaneously with live measles vaccine in order to reduce the incidence of rash and fever.

Physicians and health officers are cautioned not to use the state-supplied gamma globulin ("Immune Serum Globulin") for this purpose, and indeed, not to use ANY gamma globulin in conjunction with live measles vaccine unless it is clearly labelled "Measles Immune Globulin". Only Measles Immune Globulin has been titrated and, if necessary, diluted to provide the optimum potency for use with the vaccine. The Immune Serum Globulin provided by the Department's Institute of Laboratories is, like many other preparations distributed under this designation, TOO POTENT for use with the vaccine. If so used, it may overneutralize the vaccine and thereby nullify its effect.

Attention is also called to the recommended dose of Measles Immune Globulin, which is 0.01 cc (one hundredth of a cubic centimeter) per pound. Larger doses may nullify the effect of the vaccine.

If it is newsworthy and medical, the Hippocrat would like to hear about it.

REMOVAL OF OFFICES

Offices removed to 91 School Street: Dr. George B. Corcoran, Jr., Dr. Arnold R. Perlman, Dr. Theodore E. Hoffman, Dr. Morris V. Borenstein, Dr. Walter J. J. Nero, Dr. Norma[illegible] Epstein, Dr. John H. Fitz-Gibbon, and Dr. Joseph M. Corcoran.

Dr. Walter Tauber from 111 Maple Street to 120 Maple Street.

Dr. Olive Cooper is planning to relinquish in June her position as psychiatrist to the School Department of Springfield.

All members who indicated their willingness to do committee work, have been assigned to their committee of choice.

"I believe there are more instances of the abridgement of the freedom of the people by gradual and silent encroachments of those in power than by violent and sudden usurpations."

James Madison

REPORT ON ORGANIZATION MEETING OF THE M. M. S. COMMITTEE ON NATIONAL LEGISLATION

This new committee, comprising the six members to the A. M. A.'s House of Delegates from Massachusetts, plus one representative from each District Society, met in Boston on March 6th. The President of the State Society was elected Chairman; Dr. Buck, Vice-Chairman; and Dr. Browning from Plymouth District, Secretary.

A representative from the A. M. A., Mr. John Kiser, then spoke on current problems in relation to this year's version of the King-Anderson Bill, HR 3920.

Mr. Kiser reported that Dr. Annis is speaking extensively all over the country. He is quite approachable and eager to talk, provided it fits into his traveling plans. He gave seven speeches in New Hampshire on March 5th alone. If he were to come to the Springfield area it might best be before June when he becomes President of the A. M. A.

Mr. Kiser, who was with Dr. Annis, pointed out several matters of technique in approaching the subject. The discussion should always be kept simple and should develop a few themes repeatedly. On his recent trip Dr. Annis emphasized the following three simple points:

1. Why should all people over 65 be automatically given hospital care?
2. The King-Anderson Bill is not insurance, but is a tax as is stated in the Bill itself.
3. The truth is on our side and there is outright misrepresentation of the facts by the proponents of the Bill, with examples.

Mr. Kiser noted that statistics should be localized to pertain to our own area. For instance the cost of the King-Anderson Bill in taxes to Massachusetts in one year might effectively be compared with the cost of medical services paid for locally in the state.

As to the prospects for the Bill, Mr. Kiser was distinctly less optimistic than many of us locally have been inclined to believe. The change in membership in the House Ways & Means Committee by the addition of two more liberal members, the Rockefeller-Javits Bill recommending a Republican use of Social Security methods, and the loss of Senator Kerr all are points which weaken our point of view.

On the other hand AMPAC is working effectively in many areas, the Kerr-Mills Law is being more widely used in many parts of the country, and also the President's emphasis on a tax cut and on his Education Bill seems to make "Fedicare" somewhat less likely this year.

However, as to the timing of the Bill, it was pointed out that the Administration will bring it to active consideration whenever it thinks it can

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get the votes and that there is no fixed timetable. By the time we know when the Bill is coming to the floor it will be too late to combat it effectively.

Organization now to defeat "Fedicare" is the most important task for all of us. Mr. Everett Spencer of the State Society gave an outline of organization for local use. According to this outline the member representing a District Society should be in charge of his District's committee on national legislation. Each District committee should be made up of one physician representing each community within that District. A "key man" should be appointed in every community.

This committee should promote education of physicians on issues by all methods possible. It should keep in touch with Congressmen, arranging meetings with them. It should also develop cooperation with local groups, such as the Dental Society, the Pharmacists, the Chamber of Commerce, etc. As Dr. Annis pointed out in Worcester a week or so ago, the emphasis in all our activities should be on education *of the people* as to the simple facts of the problem before us.

Along this line "Hardship Referral Committees" are advised. A District hardship referral committee would agree with its local congressman to investigate all complaints reported to the congressman with reference to the cost of medical care. After investigating the source of the complaint the committee would promptly report back to the congressman. This would help the congressman or senator to answer the complaint and be an air-clearing service all around. Dr. Wallwork pointed out that when such letters are investigated it has always been found that the facts are in favor of the medical profession. That being the truth, such activity is very helpful in educating the public where it is most vocal. It also helps to improve the attitude of the individual congressman with reference to the issues.

Hampden District was then specifically requested to set up a Hardship Referral Committee to work with Representative Silvio Conte who is considered a liberal republican who is wavering in his thoughts on the issue.

It was pointed out repeatedly during the meeting that in the New York and New England areas the problem is to hold the line with the liberal republicans such as Silvio Conte, Bradford Morse, Mr. Tupper and Hastings Keith. When asked whether it was worthwhile to write to outright Administration supporters such as Edward Boland, it was stated that we

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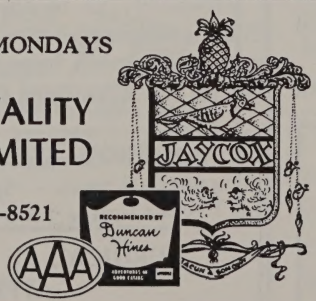

JAYCOX
RESTAURANT
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should indeed include in our efforts such party wheel horses because by so doing we can definitely improve the tone of their response to the total problem. It was pointed out that several liberal-leaning republicans have become quite quiet on the whole issue since the facts have been pointed out to them and that this tends to neutralize them.

Dr. Butts from Worcester pointed out that meetings with lay groups, church groups, the Rotary, etc., should be somewhat oblique in their approach, his feeling being that in order to attract a large group to influence, we must set our subject up so attractively that the people will turn out. This is where Dr. Annis becomes such an important drawing card.

The question of continuing Washington, D. C. visitations in cooperation with the State Medical Society was brought up. Dr. Wallwork spoke in favor, and it was the general feeling of those acquainted with the past trips that they were very helpful and should be continued at least every two years regardless of the immediate issues in Congress.

Four recommendations are offered as a result of this meeting:

1. That Hampden District set up a committee on national legislation with a Chairman and Vice-Chairman.
2. That the Executive Committee obtain a key man from every one of the twenty-three towns in Hampden District to serve as the local member on our committee on national legislation.
3. That the Executive Committee set up hardship referral committees to correspond with Representatives Silvio Conte and Edward Boland in the manner suggested above to help them process and evaluate complaints which they may receive regarding inadequacies in medical care given at the local level. This work should be done by several people on a separate committee or committees, and, although the number of cases involved will prove to be surprisingly small, the committee must be carefully set up in order to make the best impact on the congressmen and on the complaining individuals.
4. It is further recommended that efforts be made at once to set-up a meeting to which Dr. Annis of the A. M. A. would come and speak publicly in Springfield. He is said to be going to Bretton Woods in late June and early July. If we are able to set up a suitable program, we should write him promptly in order to get onto his busy schedule. Since he has not talked in this general area it would be very educational if we could arrange a well publicized meeting. We should use radio and T.V. spots to get the meeting emphatically before the public. If it is too late to arrange such a meeting this spring, we can probably do it in the fall even after Dr. Annis takes office.

David W. Williams, M.D.
Representative, H. D. M. S.

"Strange is our situation here upon earth. Each comes for a short visit, not knowing why, yet seeming to divine a purpose. There is one thing we do know: Man is here for the sake of other men — above all, for those upon whose well being our own happiness depends . . ." Einstein

CORRESPONDENCE

SCHOLARSHIP OFFER

Dear Hippocrat:

The Massachusetts Heart Association, Western Chapter, is now offering a scholarship loan to eligible students of graduate rank who are residents of Berkshire, Hampden, Hampshire and Franklin Counties. This interest-free loan will be made available to students wishing to pursue further study in the field of cardiovascular diseases or allied fields, and who, in the minds of the committee, are considered eligible and qualified.

Applicants should have a medical degree, or be working toward a doctorate in an allied field.

Accepted students may take their studies at any school they wish. There will be no geographical limitation on final residence upon completion of study. The following criteria for eligibility will apply:

a. Acceptance by an approved graduate school.
b. Evidence of financial need.
c. Academic achievement.

A personal interview must be arranged before consideration. An appointment may be made by calling the Massachusetts Heart Association, 145 State Street, Springfield, REpublic 9-4795.

This grant is made on an annual basis and may be renewed on application.

Mendel Mazer, M.D., President
Western Chapter, Massachusetts
Heart Association

SABIN POLIO SCHEDULE

Dear Hippocrat:

In order to avoid the possibilities of viral interference as much as possible, the Springfield Health Department respectfully requests that all local private physicians administering Sabin oral polio vaccine in their offices adhere to the following schedule:

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TYPE III - May, June, 1963

TYPE I - July, August, 1963

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Lowell Bellin, M. D.
Commissioner of Public Health
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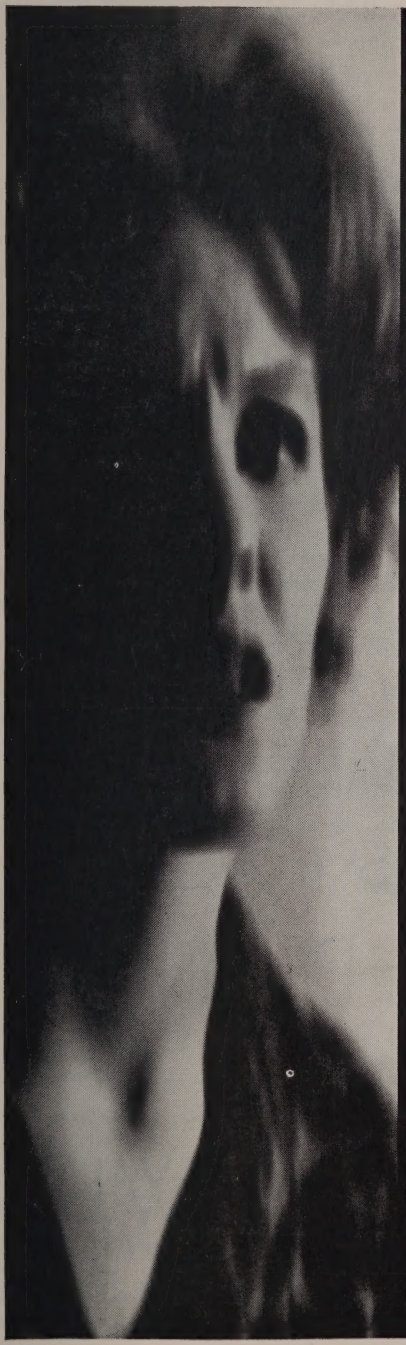

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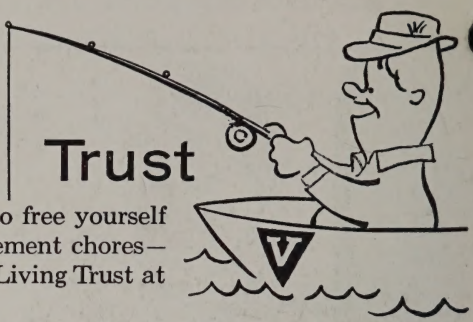

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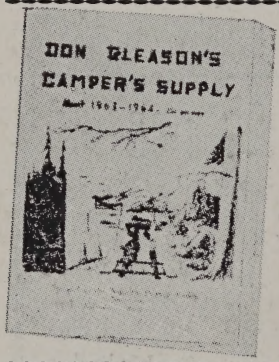

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